

Joining Forces to Fight Cancer

Wyoming Comprehensive Cancer Control Consortium

H1N1 Information For People With Cancer

Submitted by: Andrea Clement-Johnson

What is it?

"Swine" flu is actually novel H1N1 influenza. It is a new flu virus that was first found in people in the U.S. in April 2009. While it is like seasonal flu, it is not the same. The vaccine that has recently been developed for H1N1 is the best protection available, along with good hygiene and good choices. The annual flu shots that have been in use for many years will not protect you • protection of seasonal influenza.

How is H1N1 spread?

The H1N1 virus is spreading by person-to-person contact worldwide, much the same way that regular seasonal flu viruses spread. Sneezing and coughing are the main ways it is spread, but people can also get swine Infections can be a special concern for people with flu by touching something with the virus on it and then cancer. Having cancer and cancer treatment can make touching their eyes, nose, or mouth. The virus can live on surfaces for up to eight hours. People who are The information here should be used by people with infected shed the virus and may be able to infect others cancer, too. Watch for the same symptoms and do the (are contagious) from one day before feeling sick, to up same things to try to keep from getting H1N1 (and any to seven days after they have symptoms. Young children other flu). may be contagious for a longer time.

What are the symptoms?

Symptoms of swine flu can range from mild to severe and include:

Fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, extreme tiredness (fatigue), diarrhea and vomiting.

If you have any of the following symptoms you should see a doctor right away:

trouble breathing or shortness of breath, lips turn purple or blue, sudden dizziness, chest or belly pain or pressure, confusion, ongoing vomiting and unable to keep down fluids, seizures and flu-like symptoms that Sources: seem to get better, but them come back with fever and worse cough.

Swine flu may last for a week or longer. Most people who have gotten sick with this virus have recovered without needing a great deal of medical treatment. But severe illness, like pneumonia, and even death have been linked to swine flu. Certain health issues do seem to be linked to a higher risk of problems with H1N1 infection. These include:

Cancer, people with weak immune systems, like from H1N1, but are still very important for the those with HIV or those receiving chemotherapy, pregnancy. lung problems, like asthma or COPD, blood disorders, such as sickle cell disease, diabetes, weak immune system, kidney disease, heart disease, liver problems ands certain nerve and muscle disorders

What about those living with cancer?

your immune system weak and less able to fight germs.

Use caution, but don't panic. Talk to your cancer doctor about any special concerns you may have. Also ask if you may need to take medicines to try to prevent H1N1 flu and whether you should get the H1N1 vaccine when it becomes available for you.

High-risk groups listed above, including those with cancer, should get the 2009 vaccine when it is available to them. Healthcare workers should also get the vaccine. In most people, swine flu is not life threatening, but it can be serious in the high-risk groups, and these individuals should receive priority for vaccination.

American Cancer Society Centers for Disease Control and Prevention: Novel

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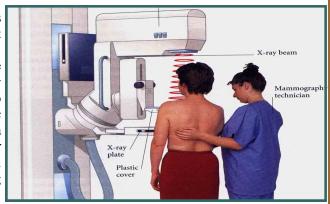
Wyoming Cancer Resources Services

Wyoming Now Ranked Worst in the Nation for Mammogram Screening!

Submitted by Carol E. Peterson, MS, RN, Program Manager, Wyoming Breast and Cervical Cancer Early Detection Program

Wyoming's mammogram screening rate among women 40 and older has consistently been below the national average for many years. A recently released a summary of the 2008 Behavioral Risk Factor Surveillance Survey (BRFSS) data concerning breast and cervical screening rates for Wyoming women indicates that Wyoming now is ranked 50th (worst) in the nation in three mammogram screening indicators. BRFSS is a telephone survey of Wyoming adults age 18 and older who are asked a series of questions about health-related behaviors such as tobacco use, exercise, seat belt use as well as questions about if they receive regular preventive screenings. According to the 2008 BRFSS Wyoming is now ranked 50th (worst) in the nation in three areas: women 40 and older reporting they have had a mammogram in the past two years, screening among uninsured women, and screening among very low income women (<\$15,000 a year). For screening of women 40 and older, Wyoming's rank decreased from 43rd in 2004 to 47th in 2006 to 50th in 2008. Our screening rate for women 40 and older is currently 67.2% while the U.S. goal is 70% and the U.S. median is 76%. Our rates are even lower for the following sub-groups: 63.3% for Hispanic women, 58.8% for American Indian women, 51% for single women, 48% for very low income women, 47% for working poor women, and 34% for uninsured women.

A small workgroup here at WDH is exploring this issue further – such as looking at what counties have the lowest screening rates and why that might be the case (currently the three lowest are Carbon at 59%, Fremont at 62.9% and Johnson at 63.9%). We are also looking at what the screening rates are for women on Medicaid and Medicare and as well as trying to identify strategies to better target very low-income, uninsured women. We do currently have two projects that provide outreach to racial and ethnic minorities (Women's Wellness at Migrant Health in the Big Horn Basin Area and the Native American Women's Heath Program on the Wind River Reservation). We are also seeking ways to partner more effectively with other key players such as the Susan G. Komen for the Cure and the Caring for Women program.



Currently, approximately 41,000 Wyoming women age 40 and older have not had a mammogram in the past two years and 6,300 women over the age of 50 have never had a mammogram! In 2007, 309 Wyoming women were diagnosed with breast cancer and 64 women died from the disease. There is something that each and every one of us can do about this! Please remind your wives, mothers, sisters, daughters, grandmothers, aunts, nieces and friends, all women over the age of 40, to have regular mammograms. Also, please help spread the word that there are statewide programs such as ours and Caring for Women, as well as various local programs, that will pay for mammograms for women who can't afford them. Please contact us at 1-800-264-1296 for additional information.

(Note: Wyoming's screening rates for Pap tests are very poor as well. An article in the next issue of this newsletter will explore that problem.)

Human Papillomavirus Vaccines Help Prevent Cervical Cancer

Submitted by: Jan Bloom, Section Chief, Immunization Section

In October 2009, the Advisory Committee on Immunization Practices (ACIP) voted to recommend that the Centers for Disease Control and Prevention (CDC) permit the use of the quadrivalent human papillomavirus (HPV) -- Gardasil® by Merck -- vaccine in boys and men ages 9 through 26 years but stopped short of universally recommending the vaccine. The committee agreed on a statement that advises clinicians: "Quadrivalent HPV vaccine may be given to males aged 9 through 26 year to reduce their likelihood of acquiring genital warts." The recommendation by the ACIP allows boys up to age 19 years who qualify for the Vaccines for Children (VFC) program to receive this vaccine.

In addition, the ACIP approved the use of a second bivalent HPV vaccine (Cervarix®), made by GlaxoSmithKline, for use in females from 10 through 25 years of age to prevent cervical cancer. Cervarix® was licensed by the U.S. Food and Drug Administration (FDA) in October 2009.

Anti-Tobacco Program Selected for National Award

Submitted by: Niki Sue Mueller, Program Manager, Wyoming Through With Chew

The Wyoming Through with Chew Program, which is primarily funded through the Wyoming Department of Health's Mental Health and Substance Abuse Services Division, has been selected to receive a "Vision" Award from the National Association of State and Territorial Health Officers (ASTHO).

The Wyoming Through with Chew Program began as a small, Teton County pilot project in 2002. The program later grew into a statewide effort directed at lowering Wyoming's spit tobacco usage rates, which are significantly higher than the national average.

"The inspiration behind our efforts is to oversee the prevention battle so that fewer Wyoming residents will be impacted by generational smokeless tobacco use within their families," said Niki Mueller, Wyoming Through with Chew program manager. "We want to help stop this unhealthy cycle."

The ASTHO Vision Awards recognize outstanding state health department programs and initiatives that use a creative approach to address public health needs or problems.



Sylvia Bagdonas (Left) and Niki Sue Mueller (right) accepted the "Vision" Award



The Role of Wyoming Health Centers in Cancer Prevention and Control

Submitted by: Kimberly Rogers, Wyoming Primary Care Association

The Wyoming Primary Care Association (WYPCA) is a non-profit trade association that proudly serves as Wyoming's sole primary care association. The purpose of the WYPCA is to connect Wyoming's medically underserved populations with a healthcare home. This is accomplished through the promotion of, and technical assistance to, Wyoming health centers. Wyoming health centers, also known as Federally Qualified Health Centers (FQHC):

- Are non-profit, community-owned health care organizations serving low income and medically underserved communities;
- Provide high quality, affordable primary care and preventive services, and often provide on-site dental, pharmaceutical, behavioral health, and substance abuse services;
- Are located in areas where care is needed but scarce; and
- Improve access to care for patients regardless of their insurance status or ability to pay.

Wyoming health centers are committed to delivering high quality care to medically underserved populations. In 2007, Wyoming's community, migrant, and homeless health centers delivered care to approximately 20,000 Wyoming residents with over 73,000 encounters.

Health centers reduce or even eliminate health disparities among their patients by providing comprehensive, culturally appropriate, affordable care that is responsive and customized to the low-income, racial and ethnic minority communities they serve. In fact, the Institute of Medicine 2002 landmark report, *Unequal Treatment*, recognizes the importance of health centers in increasing access to care and improving health outcomes for all patients, especially minorities.

Improving clinical quality is a performance benchmark for all Federally Qualified Health Centers. While there are many areas which encompass clinical quality, preventive medicine and early detection efforts are components of successful clinical quality initiatives around the nation. Wyoming's Clinical Quality Initiative is currently underway and cancer prevention and control will play an intricate part of the plan to improve quality within Wyoming health centers. The overall goal of each health center, through this initiative, is to increase cancer screening rates for breast, cervical and/or colorectal cancer through enhanced education to providers and patients, as well as marketing state-funded cancer screening programs in health centers.

For more information about the Wyoming Clinical Quality Initiative, or to get involved in this endeavor, please contact Kimberly Rogers at kimberly@wypca.org or via telephone at 307.632.5743 Ext. 14.



Free Cancer Resources Available To All Wyoming Citizens

Men and women across Wyoming have access to cancer education, prevention, screening, navigation and survivorship resources due to the expansion of the Wyoming Department of Health's Wyoming Cancer Resource Services project (WCRS).

WCRS began by providing services in three Wyoming counties in 2007. The project now serves all Wyoming citizens through a regional model. There are five state regions with headquarters located in Albany, Laramie, Uinta, Park and Johnson counties.

"This expansion allows Wyoming Cancer Resource Services to provide a wide array of cancer education, resources and materials to anyone in Wyoming" says Jessica Perez, outreach specialist with the Wyoming Comprehensive Cancer Control Program.

"A diagnosis of cancer can be overwhelming to hear for patients and their families. There are so many things to learn about and options to consider," Perez said. "Anyone in that situation could benefit from an expert helping hand."

Services provided by WCRS for Wyoming residents include cancer education and awareness, promotion of early detection of cancer, recruiting eligible participants into state-funded cancer screening programs and patient navigation.

Cancer prevention and control is the top priority for WCRS. The program also focuses on helping those who are most in need, including uninsured and under-insured individuals and those living below the federal poverty level. "Due to their personal economic situations, many people who contact us need to know more about potential options for financial assistance with healthcare," Perez said

"When my wife was diagnosed with breast cancer I found the Wyoming Cancer Resource Services to be a great help. They answered any questions we had. The support provided by this project is a tremendous benefit for Wyoming," says State Representative Ken Esquibel (D-Laramie County).

For more information about WRCS, please contact the Wyoming Comprehensive Cancer Control Program at 307-777-7362 or visit http://www.health.wyo.gov/phsd/ccc/ccrc.html online.

